



Massachusetts Department of Environmental Protection
Bureau of Air & Waste
Underground Storage Tank (UST) Program
UST/POI – Standard Proof of Identity

Instructions

Before filing UST registrations or reports electronically, the UST system owner/operator must submit this Proof of Identity to MassDEP.

1. Complete and print this form. **Note:** When filling it out on the computer, use only the Tab key to move your cursor - do not use the Return (or Enter) key.
2. Provide a handwritten signature, and have it witnessed by a Notary Public, in the spaces provided.
3. Mail the completed and signed form to:

MassDEP UST Program
Data Management
One Winter Street, 7th Floor
Boston, MA 02108

A. Legal Owner or Operator of UST(s)

a. Individual/Entity Name

b. Owner/Operator Contact Name

d. Address – Note: Enter the Mailing Address of the Owner Contact

e. City/Town

f. State

g. Zip Code

B. Certification Statement

I am the Facility's ☐ Owner ☐ Operator

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment."

1. Print Name

2. Signature

3. Date Signed (MM/DD/YYYY)

4. Source of Signatory Authority (check only one box):

If a Corporation or Non-Profit Corporation:

- ☐ President
- ☐ Secretary
- ☐ Treasurer
- ☐ Vice President (if authorized to bind the corporation)
- ☐ Employee of the Corporation (if authorized to bind the corporation)

If a Limited Liability Company (LLC):

- ☐ Person authorized to bind the company

If a Partnership:

- ☐ General Partner (if authorized to bind the partnership)

If a Sole Proprietorship:

- ☐ Proprietor

If a Municipality or Public Agency:

- ☐ Principal Executive Officer
- ☐ Ranking Elected Official (if authorized to bind the municipality or public agency)

If a Trust:

- ☐ Trustee or Other Person authorized to bind the trust



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C. Witness Statement

“On this date, the individual named above personally appeared before me. S/he is to me known to be the person described in, and who executed, the foregoing instrument, and acknowledged that s/he executed the same as her/his free act and deed.”

Commonwealth of Massachusetts

1. County _____

2. Notary Public Name (Printed) _____

3. Notary Public Signature _____

4. Date Signed (MM/DD/YYYY) _____

5. Date My Commission Expires (MM/DD/YYYY) _____

Notary Seal: